MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

101566423 APPLIANTIS)

FILING DATE

•	AS F	ILED	AFTER		AFTER		LAIM		AS FILED		AFTER		AFTER	
}	IND. DEP.		17 AMENDMENT 1ND. DEP.		1ND. DEP.				IND. DEP.		1" AMENDMENT IND. DEP.		1ND. DEP.	
	7	171.1.	70.	17157.	11817.	171,.1 .		51	11/17.	12151.	1117.	17151.	11 127.	0.01.
2		1	/	1				52						
3		2		1				53						
4		8		1				54						
5		0		1				55						
6		0		1				56						
7		0		1				57						
8		()		1				58						
9		()		1				59			<u> </u>			ļ
10				<u> </u>		ļ		60			 			
11								61			ļ			ļ
12					ļ			62			 			
13		<u> </u>		ļ				63			}			
14				ļ				64				ļ		
15		 		}	 			65	····	ļ <u> </u>	 			
16 17		 		 	 			66 67						
18		 		 		 		68					 	
19		 	 	 				69		<u> </u>				<u> </u>
20		 		·				70						
21				· · · · · · · · · · · · · · · · · · ·			1	71						
22				···			1	72						
23			<u> </u>					73						
24							1	74						
25							l l	75						
26		L						76						ļ
. 27		·		ļ	<u> </u>			77			ļ			ļ
28		<u> </u>		ļ				78		ļ	<u> </u>			
29		ļ		 				79				 		
30 31		 	<u> </u>	 		 		80 81				 		-
32				 		l		82						
33								83		<u> </u>		 	l	
34			i	 				84						
35								85						
36				1				86						
37			I					87						
38								88			<u> </u>			
39				<u> </u>	<u></u>	<u> </u>	'	89		ļ				ļ
40								90				<u> </u>		
41		ļ	ļ			ļ		91		 	 			
42		ļ		 	<u> </u>	ļ		92			 	 		
43		 	 	 		 		93		 	<u> </u>	 	 -	
44		 		 	 			94 95		 	 	 		
45 46		 		 	 	<u> </u>		95			ł	 	 	
47		 		 		 		97			 	 		—
48	-	 	 	 	l			98				 		
49		 		 		<u> </u>		99	l			 	· · · · · ·	
50				 				100				 	J	
TOTAL IND.	1	1		1		1	Α	TOTAL IND.		1		1		1
TOTAL DEP.	0	4	8	—		(TOTAL DEP.		4		(+
TOTAL CLAIMS	17		9					TOTAL CLAIMS						
	(REV. 11/0	Language State	_/	ASSESSED OF THE PARTY OF THE PA						U.S. DEPAR	TMENT of C			CAN THE SAME